

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DICK OWENS, MD
 904 26TH STREET
 HALEYVILLE, AL 35565-1719



9590 9402 2170 6193 0254 17

2. Article Number (Transfer from service label)

7016 1970 0000 9008 7735

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

Marilyn Scott 8/17/18

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

2:18cv719acs

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery over \$500
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery